

Fax Cover Sheet

DATE: August 1, 2002 TIME: 6:09 PM

TO: Examiner Michael A. Willis PHONE: 703-305-1679
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FROM: Dorene M. Price PHONE: (631) 531-1194
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RE: S/N 09/773,351

CC:

Number of pages including cover sheet: 6

Message

Please see the attached documents.

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Amendment Transmittal Letter

Amendment 3 pgs

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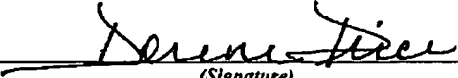
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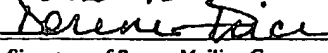
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 00.22US
Applicant(s): Maes et al.			
Serial No. 09/773,351	Filing Date January 31, 2001	Examiner Willis, M.	Group Art Unit 1617
Invention: Cholesterol Sulfate and Amino Sugar Compositions for Enhancement of Stratum Corneum Function			
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on <u>August 1, 2002</u> <i>(Date)</i>			
DORENE M. PRICE <i>(Typed or Printed Name of Person Signing Certificate)</i>			
 <i>(Signature)</i>			
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AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. 00.22US		
Applicant(s): Maes et al.					
Serial No. 09/773,351	Filing Date January 31, 2001	Examiner Willis, M.	Group Art Unit 1617		
Invention: Cholesterol Sulfate and Amino Sugar Compositions for Enhancement of Stratum Corneum Function					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 05-1320 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ <i>Signature</i>			Dated: August 1, 2002		
Dorene M. Price (Reg. No. 43,018) Estee Lauder Companies 125 Pinelawn Road Melville, NY 11747 (631) 531-1194					
<div style="border: 1px solid black; padding: 5px;"> <p>I certify that this document and fee is being deposited on August 1, 2002 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. Sent to fax number 703-872-9307.  <i>Signature of Person Mailing Correspondence</i></p> <p style="text-align: center;">DORENE M. PRICE <i>Typed or Printed Name of Person Mailing Correspondence</i></p> </div>					
cc:					